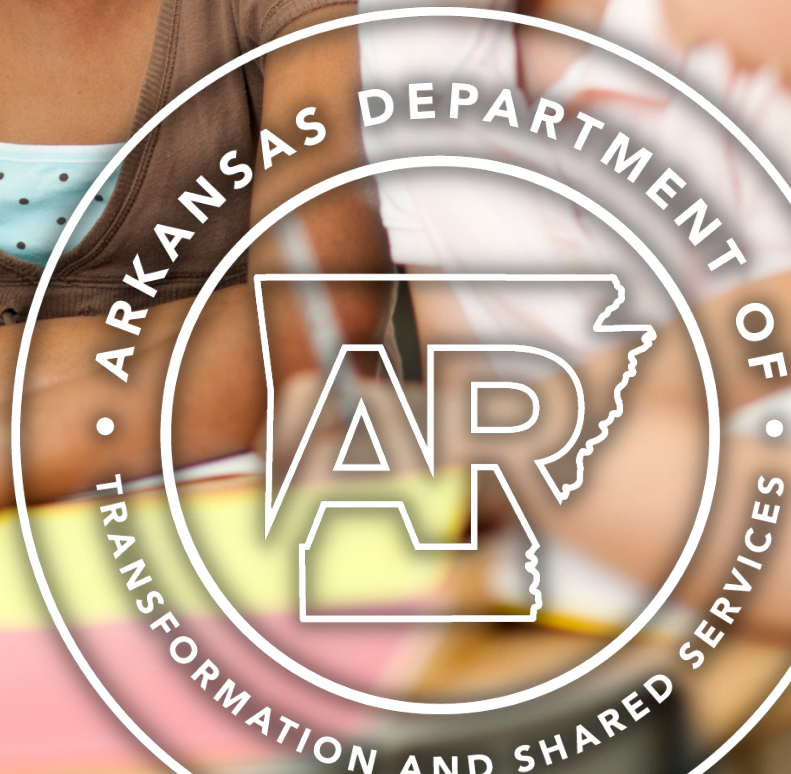


# Public School Employee Open Enrollment Guide



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# 2022 OPEN ENROLLMENT

Open Enrollment is the annual period when public-school employees [can enroll or make changes to their health insurance plan](#) without a qualifying event. During Open Enrollment, employees may make changes for the 2022 plan year, such as:

- Enroll/cancel in coverage
- Add/drop your spouse or dependent
- Change from pre-tax to post-tax deduction
- Change your plan level (excludes Medicare Retirees)
- Enroll in vision and/or dental coverage
- Sign up for voluntary products

The easiest and fastest way to enroll is online through your ARBenefits Member Portal. If your health insurance plan will not change for plan year 2022, [you do not need to re-enroll online](#). The coverage you selected in 2021 will continue for 2022 (premium rate changes may apply due to increases between plan year).

Employees who would like to contribute to a Flexible Spending Account (FSA) for 2022 or who would like access to rollover funds from their 2021 FSA [must submit an FSA Election Form during Open Enrollment](#). Check with your district regarding HSAs and FSAs.

Employees who plan on retiring in plan year 2022 [must be actively covered on an ARBenefits Health Insurance Plan on their last day of employment](#) with the district to be eligible for retiree coverage.

**Note:** Any Open Enrollment changes, excluding qualifying events, received prior to the first date of Open Enrollment or after the deadline, will not be processed.



# ELIGIBILITY

## Employees

Public school employees that work at least 30 hours a week qualify for ARBenefits Insurance.

## Dependents

If your dependent is your legal spouse, he or she may join; however, spouses who are eligible for coverage through their employer are not eligible for coverage.

Former spouses are not eligible to join the Plan even if there is a court order to include them in a Plan.

To add a child as a dependent to your health plan, you must answer yes to one of the following:

- Is this your birth child, adopted child, stepchild, or do you have legal guardianship for this child?
- Is the child under the age of twenty-six (26)?
- Is the child a Qualified Medical Child Support Order (QMCSO) dependent under the age of twenty-six (26), and do you have a judgement, decree, or order issued under state law?
- Is he or she qualified disabled dependent and been medically certified as totally disabled due to a mental or physical incapacity?



**NON-ELIGIBLE:** The following are not eligible to be enrolled as dependents under a PSE Plan: (1) former spouse, the day following the final divorce date; (2) common-law spouse (not recognized in the State of Arkansas); (3) parent; (4) grandparent; (5) step-parent; (6) niece or nephew, etc.; (7) foster child (unless legally adopted); and (8) dependent children over the age of twenty-six (26)



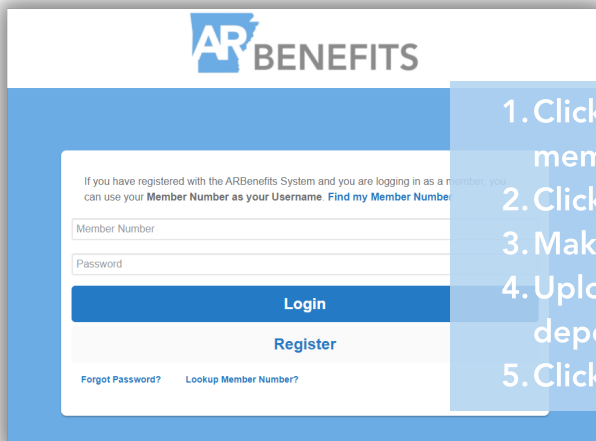
# ENROLLING

The easiest way to enroll or make changes to your Plan during designated enrollment periods is online through your ARBenefits member portal.

Enrolling through the portal allows you to:

- Obtain instant confirmation that your enrollment elections have been received by TSS EBD.
- Send supporting documentation directly through the portal.
- Receive an alert when your forms have been approved or if there is an issue that requires action.

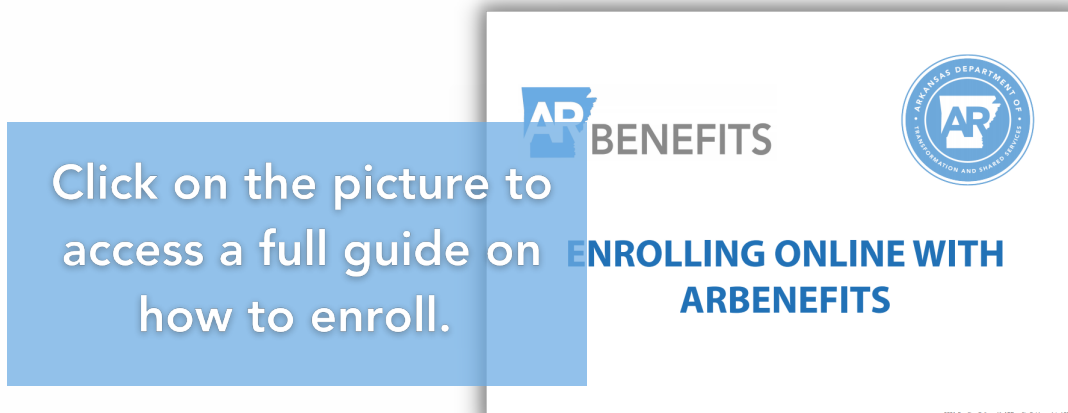
## How to Enroll



The screenshot shows the ARBenefits member portal login page. At the top is the ARBenefits logo. Below it, a message states: "If you have registered with the ARBenefits System and you are logging in as a member, you can use your Member Number as your Username. Find my Member Number". There are input fields for "Member Number" and "Password". Below these fields are two buttons: "Login" and "Register". At the bottom, there are links for "Forgot Password?" and "Lookup Member Number?".

1. Click on the picture to access the member portal.
2. Click on the "Plan Enroll" tab.
3. Make your selections and click "Next."
4. Upload documents if you are adding dependents.
5. Click "Approve."

If you do not have access to a computer to register for the Online Member Portal, you may access one at the State Library or at any Public Library within the State. To find one near you, go to [library.arkansas.gov](http://library.arkansas.gov).



The graphic features the ARBenefits logo on the left and the Arkansas Department of Social Services logo on the right. The text in the center reads: "Click on the picture to access a full guide on ENROLLING ONLINE WITH ARBENEFITS". At the bottom right, there is a small text: "2021 Enrolling Online with ARBenefits Guide updated 08/2021".

# HEALTH INSURANCE TERMINOLOGY

A more extensive list of terms and definitions can be accessed in the Glossary section of the [ARBenefits Summary Plan Description \(SPD\)](#).

**Coinsurance:** The amount you pay after you meet your deductible. For ARBenefits, once you meet your deductible, ARBenefits will pay 80% and you will pay 20% for covered services.

**Copay:** The fixed amount you pay for medical services such as a doctors office visit, prescription, or an ER visit.

**Deductible:** The amount you pay before coinsurance begins for covered services.

**Out-of-Pocket Maximum:** The maximum amount you pay towards covered services for a Plan year. Once reached, ARBenefits will pay 100% for covered services for the remainder of the Plan year.

**Premium:** The monthly amount you pay for health coverage.

**Plan Year:** The period of time from January 1 - December 31. Amounts contributed to your deductible and out-of-pocket maximums will reset after this period for the next plan year.

**Preventive Care:** Services that are covered by the Plan even if you have not met your deductible.

**Third Party Administrator (TPA):** Health Advantage is the TPA that processes claims for ARBenefits, ARBenefits follows the coverage policies of Health Advantage.

**Voluntary Products:** Optional benefits such as life, dental, vision, cancer, short/long-term disability, etc.



# ARBENEFITS PLAN OPTIONS AND BENEFITS

## Benefits Available Under All Plans

Coverage for care including doctors, hospital stays, prescriptions, rehabilitation. In-network providers nationwide through BCBS provider network. Access to specialists without a referral. Some services may require pre-certification.

\$160 towards a breast pump  
24 hour care for emergencies in or out-of-network.  
Eligible Preventive Care covered 100% with no deductible requirement.  
\$1,400 paid towards each ear every three years, towards the cost of hearing aids.

### Employee Assistance Program

The Employee Assistance Program offers short term counseling, work-life support, legal, and financial guidance to help you and your family handle various issues that may arise.



### Nurse24

Nurse24 is available 24 hours a day, 7 days a week. When you call, you will speak directly with a nurse, who can answer health questions or help you decide if you need to see a doctor or go to the emergency room. Call 1-866-458-0408 to get started.

### Case Management

You can work with a case manager to manage a long term illness or injury to help understand treatment options and your benefit plan. Call 1-800-225-1891 to enroll.

### Maternity Program

If you or your dependent is pregnant, you can take advantage of one-on-one support from a Registered Nurse who will help you achieve a healthy pregnancy. Call 1-800-225-1891 ext. 20225.



### Chronic Condition Management

If you have a condition such as diabetes, asthma or high cholesterol, you are eligible for the Nurse Coaching Program. Call 1-800-482-8416 to get started.

# SUMMARY OF BENEFITS

## Premium Plan

Deductible	Out of Pocket (medical)	Plan Type	With Wellness	Without Wellness
\$750 - Individual	\$3,250 - Individual	Employee only:	\$233.46	\$283.46
\$1,500 - Family	\$6,500 - Family	Employee and Spouse:	\$881.20	\$931.20
	Out of Pocket (pharmacy)	Employee and Children:	\$520.44	\$570.54
	\$3,100 - Individual	Employee and Family:	\$883.44	\$933.44
	\$6,200 - Family			
Eligible to contribute to an FSA				

## Classic Plan

Deductible	Plan Type	With Wellness	Without Wellness
\$1,750 - Individual	Employee only:	\$96.02	\$146.02
\$2,800/\$2,850 - Family	Employee and Spouse:	\$404.62	\$454.62
Out of Pocket (medical)	Employee and Children:	\$208.42	\$258.42
\$6,450 - Individual	Employee and Family:	\$408.32	\$458.32
\$9,675 - Family			
Eligible to contribute to an HSA			

## Basic Plan

Deductible	Plan Type	With Wellness	Without Wellness
\$4,000 - Individual	Employee only:	\$61.26	\$111.26
\$8,000 - Family	Employee and Spouse:	\$322.78	\$372.78
Out of Pocket	Employee and Children:	\$171.86	\$221.86
\$6,450 - Individual	Employee and Family:	\$325.62	\$375.62
12,900 - Family			
Eligible to contribute to an HSA			



# WELLNESS PROGRAM

The ARBenefitsWell Program encourages participants to actively engage in their own health and well-being. Participants will receive a monthly premium discount of **\$25 effective January 1, 2022** when certain wellness criteria are met during the plan year. The requirements of this program are listed below. All requirements must be completed by **October 31, 2021**.

## Biometric Screening

Submit a [PCP form](#) completed by your doctor.

**OR**

Attend a Catapult Clinic. If you choose this option, you will not need to complete the Health Risk Assessment. Click [here](#) to schedule an appointment.

## Health Risk Assessment

If you choose to utilize your doctor for the wellness screening, you will need to also complete the Health Risk Assessment through Health Advantage. Log into your MyBlueprint portal to complete this assessment. Click [here](#) for full instructions on how to complete the Health Risk Assessment.

## Tobacco Cessation

Members who test positive for nicotine can still complete program requirements by enrolling in a Tobacco Cessation Program through two different options

- 6 week online program through your [My Blueprint Portal](#).

**OR**

- One telephonic cessation program available through New Directions Behavioral Health (EAP) by calling **1-877-300-9103**.

Click [here](#) to view instructions on how to complete the Tobacco Cessation.



# VOLUNTARY PRODUCTS

Health Savings Accounts (HSA) allow you to contribute pre-tax funds to help cover eligible medical expenses. [Optum Financial](#) is the Third Party Administrator for the Public School HSAs.

**Please Note:** Not every district utilizes Optum Financial for HSAs. Please talk your district for further information.

## Health Savings Account

**Eligibility:** Must be enrolled in the Classic or Basic Plan.

**Contributions:** Can be adjusted at anytime.

**Enrollment:** Do not need to re-enroll each year.

**Rollover of Funds:** Unused funds rollover year to year.

**Connection to Employer:**  
Continued account access, even if you change jobs.



## Colonial Life

How secure is your family's financial future without you? If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

[Colonial Life Plan and Enrollment Options](#)







## Questions? Contact us:

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